





**Town of Acton**

*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

**Workers' Compensation Insurance Affidavit**

Applicant Information:

Please Print Legibly

Name: \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

☐

I am a homeowner performing all work myself.

☐

I am a sole proprietor and have no one working in any capacity.

☐

I am an employer providing workers' compensation for my employees working on this job.

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

☐

**I am a sole proprietor, general contractor, or homeowner** (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25 A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Phone # \_\_\_\_\_

**Official use only**  
permit/license # \_\_\_\_\_

do not write in this area, to be completed by city or town official

☐

Check if immediate response is required

\_\_\_\_ Building Department  
\_\_\_\_ Licensing Board  
\_\_\_\_ Selectmen's Office  
\_\_\_\_ Health Department  
\_\_\_\_ Other \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_